TRUSTEES OFFICE

116 HAMPTON ROAD SOUTHAMPTON, NY 11968



PHONE: 631 287-5717

FAX: 631 287-5723

BOARD OF TRUSTEES

OF THE FREEHOLDERS AND COMMONALTY OF THE TOWN OF SOUTHAMPTON

TEMPORARY RESIDENT SHELLFISH APPLICATION

Documents to be submitted with application:

Please provide copies of one of the following temporary residency requirements:

- Formal lease agreement with date(s) showing length of stay in Southampton Town
- Receipt for payment from a motel, hotel, rental or rooming house with date(s) showing length of stay in Southampton Town

Please check one of the below you ar			•
From TODAY'S Date:	, 20	To:	
\$10.00 for up to 15 days	\$20.00 for up to 30 d	ays	\$40.00 for up to 60 days
Name (Please Print):			
Town of Southampton Street Address:			
Mailing Address (if different from abo			
E-mail:			
Phone #:	Alt. Phone	e #:	
Date of Birth:	Height:		
Color of Eyes: Blue Brown Green Grey Hazel	Color of Hair: (Choose only one)		
Temporary Shellfish Licenses are N	NOT allowed a guest. Please be fees are non-refundable.		OT for non-residents. All
Applicant's Signature:		I	Date:

<u>Please note that all Shellfish Licenses must be processed in person in the Town Trustee's office as we now issue the Shellfish Licenses with a photograph.</u>